

TABLE 17

Form OMB Approved: 0583-0084

| | | | | | | | | | |
|-------------------------------|--|--|--|---|--|--------------------|-----------------------------|---------------------------------|--|
| LAB CONTROL NO. | | USDA - FSIS IMPORT CHEMICAL, SPECIES & FOOD MICROBIOLOGY LABORATORY ANALYSIS | | 1. INSPECTION LOCATION CODES DISTRICT STATE IMPORT ESTABLISHMENT | | | SERIAL NO. 105001 | | |
| 2. FSIS 9540-1 NO. OR AGR NO. | | 3. Voluntary Inspection (If yes, please check) <input type="checkbox"/> | | 4. SCIENCE LAB NAME | | | | | |
| 5. PRODUCT CODE | | 6. SAMPLING PROGRAM (Must check one) <input type="checkbox"/> Normal <input type="checkbox"/> Special <input checked="" type="checkbox"/> HOLD | | 7. ACCREDITED / RECOGNIZED LAB NAME (74, 75) | | | | 8. SPLIT SAMPLE NO. | |
| 9. HEALTH CERTIFICATE NO. | | 10. SHIPPING MARKS | | 11. PRODUCTION DATE / CAN CODE | | 12. NO. OF SAMPLES | | 13. COUNTRY OF ORIGIN CODE | |
| 14. FOREIGN EST. NO. | | 15. WAREHOUSE LOT NO. | | 16. INSPECTOR ENTER PFF LIMIT | | 17. DATE SAMPLED | | 18. DATE MAILED | |

19. LABEL APPROVAL DECLARATION OF PERCENT NON MEAT PROTEINACEOUS ADDITIVE IN FINISHED PRODUCT (must be completed by inspector)
(Proteinaceous additives not listed below should be indicated in block 20.)

| | | | | | | |
|---------------|-----------|----------------------------|--------------|-----------|-----------|------------|
| a. N.F.D.MILK | b. I.S.P. | c. SOY PROTEIN CONCENTRATE | d. SOY FLOUR | e. H.V.P. | f. M.S.G. | g. GELATIN |
| % | % | % | % | % | % | % |

20. NAME OF PRODUCT AS LABELED AND INGREDIENTS

21. PRODUCT DISPOSITION

☐ In ☐ F

Initials

Date

23. BADGE NO.

24. SIGNATURE OF INSPECTOR

25. ANALYSES REQUESTED AND FINDINGS

| | | | | | | | | | | | |
|---------------------------------------|---|--|----|---|-----|--|-----|---|---|--------------------------------------|---|
| <input type="checkbox"/> MEAT PROTEIN | | <input type="checkbox"/> TOTAL WATER | | <input type="checkbox"/> ADDED WATER | | <input type="checkbox"/> PLUS (+) ADD. SUBS. | | <input type="checkbox"/> MINUS (-) ADD. SUBS. | | <input type="checkbox"/> SALT | |
| 01 | % | 02 / 60 | % | 03 | % | 04 | % | 05 | % | 06 | % |
| <input type="checkbox"/> TOTAL FAT | | <input type="checkbox"/> MAX. INT. TEMP. | | <input type="checkbox"/> SODIUM NITRITE | | <input type="checkbox"/> SODIUM NITRATE | | <input type="checkbox"/> PHOSPHATE | | <input type="checkbox"/> M / P RATIO | |
| 08 | % | 09 | °F | 10 | PPM | 11 | PPM | 12 | | 23 | |
| <input type="checkbox"/> SPECIES ID | | <input type="checkbox"/> FOOD MICRO | | <input type="checkbox"/> BRINE CONTENT | | <input type="checkbox"/> FAT + ADDED WATER | | <input type="checkbox"/> CALCULATED PFF | | | |
| | | 24 | % | 67 | % | 68 | % | | | | |

26. FOR LABORATORY USE ONLY (Results, additional laboratory findings such as description of sample(s), reserve sample(s))

| | | | | | | | | | | | |
|-----------------------------|--|----------------------------|--|--------------------------|--|--------------------|--|-------------------------|--|---------------------|--|
| TYPE OF SAMPLE | | SAMPLE RESULT CODE | | WORK CODE | | 27. ENTER LAB CODE | | | | | |
| 28. DATE RECEIVED | | 29. SECURITY SEAL INTACT | | 30. CONDITION ON RECEIPT | | 31. DISCARD CODE | | 32. DATE ANALYSIS | | 33. ANALYST(S) CODE | |
| | | (1) YES (2) NO (3) MISSING | | | | | | a. STARTED b. COMPLETED | | | |
| 34. REVIEWED BY (Signature) | | | | | | | | | | | |

FSIS FORM 9540-3
(10/93)

INSPECTOR: See reverse for distribution instructions.

COPY 1 - SFL OR CONTRACT LAB - Mail to Import Field Office.
ACCREDITED LAB - Fax and mail results to Import Field Office.

| | | | | | | | |
|-----------------|--|-----------------------|--|----------------------------|--|-----------------------------|--|
| NAME OF PRODUCT | | I / ESTABLISHMENT NO. | | FSIS 9540-1 NO. OR AGR NO. | | SERIAL NO. 105001 | |
|-----------------|--|-----------------------|--|----------------------------|--|-----------------------------|--|

ANALYSES
REQUESTED
(Lab Use)☐ Total Protein☐ Salt☐ MIT☐☐ Added Substance☐ Species☐ Total Water☐ Total Fat☐ Sodium Nitrite☐ Added Water☐ Food Microbiology

The response to this information is voluntary. The information is needed before approval is granted to laboratories analyzing meat and poultry samples. The information is used to assure product compliance (9 CFR 318.21(b)). Form OMB Approved: 0583-0094

OMB DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0583-0094), Washington, D.C. 20503.

INSPECTOR DISTRIBUTION:

| | |
|-----------------|---|
| SFL or Contract | Parts 1, 2, and 3 to Lab. Retain Part 4. |
| Accredited | Parts 1, 2 send to Accredited Lab with Sample. Part 3 send to SFL with Split Sample. Retain Part 4. |

SAMPLE COPY